

Adult Survey Results

Southern California Region Summary Report for the November 2004 Data Collection Period

ADULT PERFORMANCE OUTCOMES



**Broad-Based Evaluation
Consumer Perception Survey**

MARCH 2005

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Purpose of this report

The purpose of this report is to provide (using items from the 28-item Mental Health Statistics Improvement Program Consumer Perception Survey (MHSIP)) and quality of life (QOL), as measured by the California State Department of Mental Health's Adult Survey. This report is a REGIONAL summary of the Adult Survey (see Attachment A) data that were collected during the November 1-15, 2004 survey period. To assist with the interpretation of this summary report, brief narratives are provided before each table presented. County tables can be downloaded from each county's Information Technology Web Services (ITWS) folder, accessible to authorized ITWS users at <https://mhhitws.cahwnet.gov/>.

Consumer Demographic & Descriptive Items

Summary Report

The following tables reflect aggregated REGIONAL data and highlight the Adult Survey demographic items, as well as several additional descriptive items, that were reported by consumers who received services during the November 1-15, 2004, survey period. Results of these Adult Survey consumer-completed items are highlighted in yellow, and exclude surveys that had no responses for either the MHSIP portion of the Adult Survey, the QOL portion, or both. **Out of 13,821 Southern California Region Adult Surveys submitted, a total of 11,680 had at least one response to the MHSIP or QOL sections.**

TOTAL NUMBER OF SURVEYS SUBMITTED (SOUTHERN CALIFORNIA REGION)

A total of 13,821 Adult Surveys were submitted for the Southern California Region.

Region

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Southern California	13821	100.0	100.0	100.0

GENDER

For the consumers who responded to the question – “What is your gender? – 58.1% identified themselves as Female, 41.4% as Male and 0.5% as Other. Additionally, 11.7% of the consumers did not respond to this item.

What is your gender?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Female	5995	51.3	58.1	58.1
Male	4273	36.6	41.4	99.5
Other	51	.4	.5	100.0
Total	10319	88.3	100.0	
No Response	1361	11.7		
Total	11680	100.0		

AGE CATEGORY*

For the consumers who responded to the question – “What is your date of birth?” – 0.4% were under age 18, 10.7% were 18-25, 21.0% were 26-35, 29.7% were 36-45, 33.6% were 46-59 and 4.7% were age 60 or older. Additionally, 17.8% of the consumers did not respond to this item.

Age Category

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Under 18	39	.3	.4	.4
	18-25	1024	8.8	10.7	11.1
	26-35	2013	17.2	21.0	32.1
	36-45	2850	24.4	29.7	61.8
	46-59	3220	27.6	33.6	95.3
	60+	450	3.9	4.7	100.0
	Total	9596	82.2	100.0	
No Response		2084	17.8		
Total		11680	100.0		

SERVICE LENGTH

For the consumers who responded to the question – “How long have you received services here?” – 2.2% reported that it was their first visit; 4.3% reported that they had had more than one visit, but that they had received services for less than one month; 7.2% reported having received services for 1-2 months; 10.6% reported having received services for 3-5 months; 15.8% reported receiving services for 6 months to 1 year and 59.9% reported receiving services for more than one year. Additionally, 33.9% of the consumers did not respond to this item.

How long have you received services here?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	This is my first visit here	172	1.5	2.2	2.2
	> 1 visit, but < one month	334	2.9	4.3	6.6
	1 to 2 months	556	4.8	7.2	13.7
	3 to 5 months	815	7.0	10.6	24.3
	6 months to 1 year	1217	10.4	15.8	40.1
	More than 1 year	4630	39.6	59.9	100.0
	Total	7724	66.1	100.0	
No Response		3956	33.9		
Total		11680	100.0		

* Although Adults are defined as being 18 - 59 years of age, this table reflects that DMH received “adult” surveys from consumers younger than 18 and older than 60 years of age. Consumers may have, inadvertently, been given the wrong survey form to complete, or may have unintentionally filled out the item with an invalid date of birth. Also, for a number of surveys received “date of birth” was not completed.

MEXICAN / HISPANIC / LATINO ORIGIN

On the Adult Survey, 27.9% of the consumers identified themselves as being “of Mexican / Hispanic / Latino Origin.”

Are you of Mexican / Hispanic / Latino origin?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	6221	53.3	53.3	53.3
	Yes	3260	27.9	27.9	81.2
	Unknown	2199	18.8	18.8	100.0
	Total	11680	100.0	100.0	

RACE

Consumers were permitted to identify as many race categories as they felt were applicable; therefore, each race category is reported individually and, due to potential overlap, the numbers will not collectively add up to 100%. Each race category was presented as a “yes/no” option: “yes” if the consumer marked the bubble on the Adult Survey and “no” if the consumer did not mark the bubble.

On the Adult Survey, 44.8% of the consumers identified themselves as being “White / Caucasian.”

Is your race White / Caucasian?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	6445	55.2	55.2	55.2
	Yes	5235	44.8	44.8	100.0
	Total	11680	100.0	100.0	

On the Adult Survey, 14.2% of the consumers identified themselves as being “Black / African American.”

Is your race Black / African American?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	10025	85.8	85.8	85.8
	Yes	1655	14.2	14.2	100.0
	Total	11680	100.0	100.0	

On the Adult Survey, 4.4% of the consumers identified themselves as being “Asian.”

Is your race Asian?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	11163	95.6	95.6	95.6
	Yes	517	4.4	4.4	100.0
	Total	11680	100.0	100.0	

On the Adult Survey, 5.2% of the consumers identified themselves as being “American Indian / Alaskan Native.”

Is your race American Indian / Alaskan Native?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	11075	94.8	94.8	94.8
	Yes	605	5.2	5.2	100.0
	Total	11680	100.0	100.0	

On the Adult Survey, 1.2% of the consumers identified themselves as being “Hawaiian / Other Pacific Islander.”

Is your race Native Hawaiian / Other Pacific Islander?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	11542	98.8	98.8	98.8
	Yes	138	1.2	1.2	100.0
	Total	11680	100.0	100.0	

On the Adult Survey, 14.6% of the consumers identified themselves as being of another race.

Other race?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	9973	85.4	85.4	85.4
	Yes	1707	14.6	14.6	100.0
	Total	11680	100.0	100.0	

On the Adult Survey, 2.1% of the consumers were not able to identify their race.

Unknown race?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	11440	97.9	97.9	97.9
	Yes	240	2.1	2.1	100.0
	Total	11680	100.0	100.0	

LANGUAGE OF SURVEY

On the Adult Survey, 89.6% of the consumers responded using the English version of the Adult Survey; 0.2% used the Chinese version; 10.2% used the Spanish version and 5 consumers (0.0%) used the Tagalog version of the Adult Survey. Additionally, 0.3% of the surveys received did not indicate the language of the survey.

Language of instrument

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Chinese	18	.2	.2	.2
	English	10434	89.3	89.6	89.7
	Spanish	1189	10.2	10.2	100.0
	Tagalog	5	.0	.0	100.0
	Total	11646	99.7	100.0	
No Response		34	.3		
Total		11680	100.0		

PREFERRED LANGUAGE

On the Adult Survey, 96.5% of the consumers responded that the services they received were provided in the language they preferred and 94.9% responded that written information was available in their preferred language. Additionally, 11.2% and 12.3% of the consumers did not respond to these items, respectively.

Were the services you received provided in the language you prefer?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	361	3.1	3.5	3.5
	Yes	10016	85.8	96.5	100.0
	Total	10377	88.8	100.0	
No Response		1303	11.2		
Total		11680	100.0		

Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	525	4.5	5.1	5.1
	Yes	9720	83.2	94.9	100.0
	Total	10245	87.7	100.0	
No Response		1435	12.3		
Total		11680	100.0		

PRIMARY REASON INVOLVED WITH PROGRAM

For the consumers who responded to the question – “What was the primary reason you became involved with this program?” – 41.4% reported that they decided to come in on their own, 54.9% reported that someone else recommended that they come in and 3.8% reported that they came in against their will. Additionally, 14.1% of the consumers did not respond to this item.

What was the primary reason you became involved with this program?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I decided to come in on my own	4152	35.5	41.4	41.4
	Someone else recommended that I come in.	5506	47.1	54.9	96.2
	I came in against my will.	379	3.2	3.8	100.0
	Total	10037	85.9	100.0	
No Response		1643	14.1		
Total		11680	100.0		

ASSISTANCE COMPLETING SURVEY

Consumers were permitted to identify all of the individuals who assisted them in completing the Adult Survey; therefore, more than one person may have provided assistance and, due to potential overlap, the numbers will not collectively add up to 100%. Each category was presented as a “yes/no” option: “yes” if the consumer marked the bubble on the Adult Survey and “no” if the consumer did not mark the bubble.

For the November 2004 survey period, 67.0% of the consumers responded that they did not need any help in completing the Adult Survey.

I did not need any help.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	3855	33.0	33.0	33.0
	Yes	7825	67.0	67.0	100.0
	Total	11680	100.0	100.0	

For the November 2004 survey period, 5.3% of the consumers responded that a mental health advocate / volunteer helped them complete the Adult Survey.

A mental health advocate / volunteer helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	11061	94.7	94.7	94.7
	Yes	619	5.3	5.3	100.0
	Total	11680	100.0	100.0	

For the November 2004 survey period, 2.4% of the consumers responded that another mental health consumer helped them complete the Adult Survey.

Another mental health consumer helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	11397	97.6	97.6	97.6
	Yes	283	2.4	2.4	100.0
	Total	11680	100.0	100.0	

For the November 2004 survey period, 6.5% of the consumers responded that a member of their family helped them complete the Adult Survey.

A member of my family helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	10915	93.5	93.5	93.5
	Yes	765	6.5	6.5	100.0
	Total	11680	100.0	100.0	

For the November 2004 survey period, 2.9% of the consumers responded that a professional interviewer helped them complete the Adult Survey.

A professional interviewer helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	11344	97.1	97.1	97.1
	Yes	336	2.9	2.9	100.0
	Total	11680	100.0	100.0	

For the November 2004 survey period, 5.4% of the consumers responded that a clinician / case manager helped them complete the Adult Survey.

My clinician / case manager helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	11050	94.6	94.6	94.6
	Yes	630	5.4	5.4	100.0
	Total	11680	100.0	100.0	

For the November 2004 survey period, 4.6% of the consumers responded that a staff member other than their clinician or case manager helped them complete the Adult Survey.

A staff member other than my clinician or case manager helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	11148	95.4	95.4	95.4
	Yes	532	4.6	4.6	100.0
	Total	11680	100.0	100.0	

For the November 2004 survey period, 3.1% of the consumers responded that someone else helped them complete the Adult Survey.

Someone else helped me.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	11314	96.9	96.9	96.9
	Yes	366	3.1	3.1	100.0
	Total	11680	100.0	100.0	

REASON WHY SURVEY NOT COMPLETED (*if applicable*)

County staff were expected to complete a “Reason” item if a consumer who met the criteria for the target population did not complete an Adult Survey. Of the 13,821 consumers who were expected to complete an Adult Survey, 2,141 (15.9%) did not. Of these, 47.5% were reported to have Refused the survey, 11.0% were reported to have had an Impairment, 23.2% did not have a survey available in their Language and 18.3% were marked as having an “Other” reason for non-completion. Additionally, 3.5% of the Adult Surveys that were not completed did not have a “Reason” response.

If the instrument is not completed, the PRIMARY reason must be indicated.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Refused	981	45.8	47.5	47.5
	Impairment	228	10.6	11.0	58.5
	Language	479	22.4	23.2	81.7
	Other	379	17.7	18.3	100.0
	Total	2067	96.5	100.0	
No Response		74	3.5		
Total		2141	100.0		

MHSIP Consumer Survey

Summary Report

About the MHSIP Consumer Survey

The MHSIP is a 28-item consumer-completed survey designed to obtain participant perceptions of 1) access to services, 2) quality and appropriateness of services received, 3) consumer participation in treatment planning, 4) service outcomes and 5) general satisfaction. The MHSIP was developed through the collaborative efforts of the federally funded Mental Health Statistics Improvement Program (www.mhsip.org) that included the direct assistance and feedback of consumers, their families, and mental health advocates. The MHSIP Consumer Survey is currently used in a number of states across the United States.

It is important to remember that the ratings on the MHSIP represent a participant's perceptions. Some data exist to suggest that satisfaction with services, in and of itself, does not necessarily correlate with outcomes. However, the MHSIP provides a good source of information to ensure that consumers have the opportunity to shape and improve their services.

The following tables present REGIONAL data that were collected and aggregated from the MHSIP portion of the November 2004 Adult Survey. The MHSIP items are rated on a five-point scale, with "5" indicating the greatest satisfaction.

The items that comprise each of the MHSIP subscales (i.e., access to services, quality and appropriateness of services received, consumer participation in treatment planning, service outcomes and general satisfaction) were averaged and then grouped into the following categories: 1.0 - 1.5 = 'Dissatisfied', 1.5001 - 2.5 = 'Somewhat Dissatisfied', 2.5001 - 3.5 = 'Neutral', 3.5001 - 4.5 = 'Satisfied' and 4.5001 - 5 = 'Very Satisfied'. As a general guideline, for interpretation, the national benchmark for satisfaction is an overall scale score above 3.5.

For the tables reflecting categorical groupings of MHSIP averages and MHSIP subscale averages, total frequencies may differ depending on how many items on each scale consumers completed. Averages were only calculated for those Adult Surveys where at least 2/3 of the items in the particular domain were completed (i.e., only 1/3 of the items could have no response). The results are highlighted in yellow.

The average scores for each of the MHSIP subscales are reported below.

PERCEPTION OF ACCESS TO SERVICES

For the consumers who completed at least 2/3 of the items that comprise the “Perception of Access to Services” subscale, 38.9% reported that they were Very Satisfied, 46.1% reported they were Satisfied, 12.6% were Neutral, 2.1% were Somewhat Dissatisfied and 0.3% were Dissatisfied. Additionally, for 3.1% of the surveys, less than 2/3 of the necessary items were completed, thus no subscale score could be calculated.

Perception of Access to Services

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	37	.3	.3	.3
	Somewhat Dissatisfied	237	2.0	2.1	2.4
	Neutral	1426	12.2	12.6	15.0
	Satisfied	5219	44.7	46.1	61.1
	Very Satisfied	4399	37.7	38.9	100.0
	Total	11318	96.9	100.0	
No Response		362	3.1		
Total		11680	100.0		

PERCEPTION OF QUALITY & APPROPRIATENESS

For the consumers who completed at least 2/3 of the items that comprise the “Perception of Quality and Appropriateness” subscale, 40.1% reported that they were Very Satisfied, 46.9% reported they were Satisfied, 11.7% were Neutral, 1.2% were Somewhat Dissatisfied and 0.2% were Dissatisfied. Additionally, for 5.0% of the surveys, less than 2/3 of the necessary items were completed, thus no subscale score could be calculated.

Perception of Quality & Appropriateness

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	17	.1	.2	.2
	Somewhat Dissatisfied	130	1.1	1.2	1.3
	Neutral	1301	11.1	11.7	13.1
	Satisfied	5200	44.5	46.9	59.9
	Very Satisfied	4444	38.0	40.1	100.0
	Total	11092	95.0	100.0	
No Response		588	5.0		
Total		11680	100.0		

PERCEPTION OF PARTICIPATION IN TREATMENT PLANNING

For the consumers who completed at least 2/3 of the items that comprise the “Perception of Participation in Treatment Planning” subscale, 32.5% reported that they were Very Satisfied, 44.2% reported they were Satisfied, 19.9% were Neutral, 2.8% were Somewhat Dissatisfied and 0.6% were Dissatisfied. Additionally, for 9.0% of the surveys, less than 2/3 of the necessary items were completed, thus no subscale score could be calculated.

Perception of Participation in Treatment Planning

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	62	.5	.6	.6
	Somewhat Dissatisfied	298	2.6	2.8	3.4
	Neutral	2110	18.1	19.9	23.2
	Satisfied	4696	40.2	44.2	67.5
	Very Satisfied	3458	29.6	32.5	100.0
	Total	10624	91.0	100.0	
No Response		1056	9.0		
Total		11680	100.0		

OUTCOMES

For the consumers who completed at least 2/3 of the items that comprise the “Outcomes” subscale, 22.3% reported that they were Very Satisfied, 42.8% reported they were Satisfied, 27.5% were Neutral, 6.4% were Somewhat Dissatisfied and 1.0% were Dissatisfied. Additionally, for 7.3% of the surveys, less than 2/3 of the necessary items were completed, thus no subscale score could be calculated.

Outcomes

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	103	.9	1.0	1.0
	Somewhat Dissatisfied	695	6.0	6.4	7.4
	Neutral	2981	25.5	27.5	34.9
	Satisfied	4634	39.7	42.8	77.7
	Very Satisfied	2418	20.7	22.3	100.0
	Total	10831	92.7	100.0	
No Response		849	7.3		
Total		11680	100.0		

GENERAL SATISFACTION

For the consumers who completed at least 2/3 of the items that comprise the “General Satisfaction” subscale, 50.0% reported that they were Very Satisfied, 39.4% reported they were Satisfied, 8.5% were Neutral, 1.6% were Somewhat Dissatisfied and 0.5% were Dissatisfied. Additionally, for 1.8% of the surveys, less than 2/3 of the necessary items were completed, thus no subscale score could be calculated.

General Satisfaction

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dissatisfied	58	.5	.5	.5
	Somewhat Dissatisfied	182	1.6	1.6	2.1
	Neutral	976	8.4	8.5	10.6
	Satisfied	4522	38.7	39.4	50.0
	Very Satisfied	5735	49.1	50.0	100.0
	Total	11473	98.2	100.0	
No Response		207	1.8		
Total		11680	100.0		

AVERAGE MHSIP SUBSCALE SCORES

Average scores were calculated for the surveys within which at least 2/3 of the items that comprise each of the subscales were completed. Overall, respondents indicated that they were “Satisfied” with Access to Services (indicated by a subscale score of 4.23; 11,318 responses), the Quality & Appropriateness of treatment (indicated by a subscale score of 4.24; 11,092 responses), Participation in Treatment Planning (indicated by a subscale score of 4.20; 10,624 responses), Outcomes (indicated by a subscale score of 3.81; 10,831 responses) and services generally (General Satisfaction; indicated by a subscale score of 4.36; 11,473 responses).

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Perception of Access to Services	11318	1.00	5.00	4.23	.69
Average: Perception of Quality & Appropriateness	11092	1.00	5.00	4.24	.66
Average: Perception of Treatment Planning	10624	1.00	5.00	4.20	.74
Average: Outcomes	10831	1.00	5.00	3.81	.83
General Satisfaction	11473	1.00	5.00	4.36	.71
Valid N (listwise)	10027				

Quality of Life (QOL)

Summary Report

About the QOL

The QOL is designed to measure quality of life from a consumer's self-reported perspective. The subscales measured include: general life satisfaction, living situation, daily activities and functioning, family and social relationships, finances, legal and safety and health.

It is important to remember that the ratings on the QOL represent a consumer's perceptions. A variety of factors can affect a consumer's quality of life and many of these are out of the control of service providers. However, in our efforts to continually improve services, the QOL can be used as a source of information on issues that are important to consumers.

The following tables present REGIONAL data that were collected and aggregated from the QOL portion of the November 2004 Adult Survey. Most of the QOL items are rated on a seven-point scale, with "7" indicating the greatest satisfaction regarding quality of life. Some of the results reflect frequencies of ratings for particular QOL items while others reflect averages of the items that comprise each of the QOL subscales (i.e., general life satisfaction, living situation, daily activities and functioning, family and social relationships, finances, legal and safety and health). Using the seven-point response options as a guide, the QOL subscale results can be interpreted using the following average score ranges: 1 – 2.5 = 'Very Dissatisfied', 2.5001 – 3.5 = 'Dissatisfied', 3.5001 – 4.5 = 'Mixed', 4.5001 – 5.5 = 'Satisfied' and 5.5001 – 7.0 = 'Very Satisfied'. As a general guideline, an overall scale score over 4.5 indicates that consumers were satisfied. For the tables reflecting the QOL subscale averages, total frequencies may differ depending on how many items on each scale consumers completed. Averages were only calculated for those Adult Surveys where at least 2/3 of the items in the particular domain were completed (i.e., only 1/3 of the items could have no response).

All QOL results are highlighted in yellow.

GENERAL LIFE SATISFACTION

For the consumers who responded to the question – "How do you feel about your life in general?" – 6.9% were Delighted, 16.0% were Pleased, 20.5% were Mostly Satisfied, 33.0% were Mixed, 7.7% were Mostly Dissatisfied, 11.4% were Unhappy and 4.4% were Terrible. Additionally, 6.6% of the consumers did not respond to this item.

QOL_1. How do you feel about your life in general?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Terrible	479	4.1	4.4	4.4
	Unhappy	1239	10.6	11.4	15.7
	Mostly Dissatisfied	843	7.2	7.7	23.5
	Mixed	3604	30.9	33.0	56.5
	Mostly Satisfied	2240	19.2	20.5	77.0
	Pleased	1750	15.0	16.0	93.1
	Delighted	754	6.5	6.9	100.0
	Total	10909	93.4	100.0	
No Response		771	6.6		
Total		11680	100.0		

LIVING SITUATION

For the consumers who completed at least 2/3 of the items that comprise the “Living Situation” subscale, an average score of 4.56 (10,848 responses) was calculated, indicating “Satisfied” feelings regarding their living situation.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Living Situation	10848	1.00	7.00	4.56	1.52
Valid N (listwise)	10848				

DAILY ACTIVITIES & FUNCTIONING

For the consumers who completed at least 2/3 of the items that comprise the “Daily Activities & Functioning” subscale, an average score of 4.39 (10,854 responses) was calculated, indicating “Mixed” feelings regarding daily activities & functioning.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Daily Activities & Functioning	10854	1.00	7.00	4.39	1.38
Valid N (listwise)	10854				

FAMILY RELATIONS

For the consumers who responded to the question – “In general, how often do you get together with a member of your family?” – 31.6% reported At Least Once a Day, 21.6% reported At Least Once a Week, 16.3% reported At Least Once a Month, 12.9% reported Less than Once a Month, 13.1% reported Not At All and 4.7% reported No Family / Not Applicable. Additionally, 4.7% of the consumers did not respond to this item.

QOL_4. In general, how often do you get together with a member of your family?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	1335	11.4	13.1	13.1
	Less than once a month	1313	11.2	12.9	25.9
	At least once a month	1661	14.2	16.3	42.2
	At least once a week	2203	18.9	21.6	63.8
	At least once a day	3224	27.6	31.6	95.3
	No family / Not applicable	477	4.1	4.7	100.0
	Total	10213	87.4	100.0	
No Response		1467	12.6		
Total		11680	100.0		

Average Quality of Life Indicator: Family Relations

For the consumers who completed at least 2/3 of the items that comprise the “Family Relations” subscale, an average score of 4.56 (10,052 responses) was calculated, indicating “Satisfied” feelings regarding family relations.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Family Relations	10052	1.00	7.00	4.56	1.63
Valid N (listwise)	10052				

SOCIAL RELATIONS

For the consumers who responded to the question – “About how often do you visit with someone who does not live with you?” – 15.7% reported At Least Once a Day, 32.1% reported At Least Once a Week, 20.6% reported At Least Once a Month, 11.6% reported Less than Once a Month, 16.1% reported Not At All and 4.0% reported Not Applicable. Additionally, 9.4% of the consumers did not respond to this item.

QOL_6A. About how often do you visit with someone who does not live with you?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	1702	14.6	16.1	16.1
	Less than once a month	1223	10.5	11.6	27.6
	At least once a month	2180	18.7	20.6	48.2
	At least once a week	3397	29.1	32.1	80.3
	At least once a day	1657	14.2	15.7	96.0
	Not applicable	426	3.6	4.0	100.0
	Total	10585	90.6	100.0	
No Response		1095	9.4		
Total		11680	100.0		

For the consumers who responded to the question – “About how often do you spend time with someone you consider more than a friend, like a spouse, a boyfriend or a girlfriend?” – 23.4% reported At Least Once a Day, 17.0% reported At Least Once a Week, 9.9% reported At Least Once a Month, 6.7% reported Less than Once a Month, 27.1% reported Not At All and 16.1% reported Not Applicable. Additionally, 13.6% of the consumers did not respond to this item.

QOL_6B. About how often do you spend time with someone you consider more than a friend, like a spouse, a boyfriend or a girlfriend?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all	2731	23.4	27.1	27.1
	Less than once a month	675	5.8	6.7	33.8
	At least once a month	994	8.5	9.9	43.6
	At least once a week	1712	14.7	17.0	60.6
	At least once a day	2358	20.2	23.4	83.9
	Not applicable	1621	13.9	16.1	100.0
	Total	10091	86.4	100.0	
No Response		1589	13.6		
Total		11680	100.0		

Average Quality of Life Indicator: Social Relations

For the consumers who completed at least 2/3 of the items that comprise the “Social Relations” subscale, an average score of 4.53 (10,115 responses) was calculated, indicating “Satisfied” feelings regarding social relations.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Social Relations	10115	1.00	7.00	4.53	1.38
Valid N (listwise)	10115				

FINANCES

On the Adult Survey, 74.8% of the consumers who responded to the relevant survey items reported that they generally had enough money to cover food expenses. Additionally, 7.4% of the consumers did not respond to this item.

QOL_8A. During the past month, did you generally have enough money to cover food?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2724	23.3	25.2	25.2
	Yes	8092	69.3	74.8	100.0
	Total	10816	92.6	100.0	
No Response		864	7.4		
Total		11680	100.0		

On the Adult Survey, 58.0% of the consumers who responded to the relevant survey items reported that they generally had enough money to cover clothing expenses. Additionally, 8.3% of the consumers did not respond to this item.

QOL_8B. During the past month, did you generally have enough money to cover clothing?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	4503	38.6	42.0	42.0
	Yes	6210	53.2	58.0	100.0
	Total	10713	91.7	100.0	
No Response		967	8.3		
Total		11680	100.0		

On the Adult Survey, 76.9% of the consumers who responded to the relevant survey items reported that they generally had enough money to cover housing expenses. Additionally, 8.6% of the consumers did not respond to this item.

QOL_8C. During the past month, did you generally have enough money to cover housing?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2468	21.1	23.1	23.1
	Yes	8211	70.3	76.9	100.0
	Total	10679	91.4	100.0	
No Response		1001	8.6		
Total		11680	100.0		

On the Adult Survey, 59.9% of the consumers who responded to the relevant survey items reported that they generally had enough money to cover transportation expenses. Additionally, 8.6% of the consumers did not respond to this item.

QOL_8D. During the past month, did you generally have enough money to cover traveling around for things like shopping, medical appointments, or visiting friends and relatives?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	4288	36.7	40.1	40.1
	Yes	6392	54.7	59.9	100.0
	Total	10680	91.4	100.0	
No Response		1000	8.6		
Total		11680	100.0		

On the Adult Survey, 40.6% of the consumers who responded to the relevant survey items reported that they generally had enough money to cover social activity expenses. Additionally, 8.6% of the consumers did not respond to this item.

QOL_8E. During the past month, did you generally have enough money for social activities like movies or eating in restaurants?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	6340	54.3	59.4	59.4
	Yes	4331	37.1	40.6	100.0
	Total	10671	91.4	100.0	
No Response		1009	8.6		
Total		11680	100.0		

LEGAL & SAFETY

For the November 2004 survey period, 94.5% of the consumers who responded to the relevant survey items reported that they were NOT a victim of any violent crimes in the month prior to completing the Adult Survey. Additionally, 7.2% of the consumers did not respond to this item.

QOL_9A. In the past month, were you the victim of any violent crimes such as assault, rape, mugging or robbery?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	10239	87.7	94.5	94.5
	Yes	596	5.1	5.5	100.0
	Total	10835	92.8	100.0	
No Response		845	7.2		
Total		11680	100.0		

For the November 2004 survey period, 87.8% of the consumers who responded to the relevant survey items reported that they were NOT a victim of any non-violent crimes in the month prior to completing the Adult Survey. Additionally, 7.9% of the consumers did not respond to this item.

QOL_9B. In the past month, were you the victim of any non-violent crimes such as burglary, theft of your property or money, or being cheated?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	9452	80.9	87.8	87.8
	Yes	1308	11.2	12.2	100.0
	Total	10760	92.1	100.0	
No Response		920	7.9		
Total		11680	100.0		

For the November 2004 survey period, 97.1% of the consumers who responded to the relevant survey items reported that they had NOT been arrested for any crimes in the month prior to completing the Adult Survey. Additionally, 11.1% of the consumers did not respond to this item.

QOL_10. In the past month, how many times have you been arrested for any crimes?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No arrests	10083	86.3	97.1	97.1
	1 arrest	157	1.3	1.5	98.7
	2 arrests	54	.5	.5	99.2
	3 arrests	30	.3	.3	99.5
	4 or more arrests	56	.5	.5	100.0
	Total	10380	88.9	100.0	
No Response		1300	11.1		
Total		11680	100.0		

Average Quality of Life Indicator: Legal & Safety

For the consumers who completed at least 2/3 of the items that comprise the “Legal & Safety” subscale, an average score of 4.64 (10,736 responses) was calculated, indicating “Satisfied” feelings regarding legal & safety issues.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Legal & Safety	10736	1.00	7.00	4.64	1.43
Valid N (listwise)	10736				

HEALTH

For the consumers who completed at least 2/3 of the items that comprise the “Health” subscale, an average score of 4.03 (10,791 responses) was calculated, indicating “Mixed” feelings regarding health status.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Average: Health	10791	1.00	7.00	4.03	1.51
Valid N (listwise)	10791				

ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. **For each survey item below, please fill in the circle that corresponds to your choice.** **Please fill in the circle completely.** EXAMPLE: Correct ☐ Incorrect ☒

MHSIP Consumer Survey*:

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you **Strongly Agree**, **Agree**, are **Neutral**, **Disagree**, or **Strongly Disagree** with each of the statements below. If the question is about something you have not experienced, fill in the circle for **Not Applicable** to indicate that this item does not apply to you.

**START
HERE**

Approximately, how long have you received services here?

- ☐ This is my first visit here. ☐ 1 - 2 Months ☐ More than 1 year
☐ I have had more than one visit but I have received services for less than one month. ☐ 3 - 5 Months ☐ 6 months to 1 year

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. If I had other choices, I would still get services from this agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I would recommend this agency to a friend or family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The location of services was convenient (parking, public transportation, distance, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Staff were willing to see me as often as I felt it was necessary.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Staff returned my calls within 24 hours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Services were available at times that were good for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I was able to get all the services I thought I needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I was able to see a psychiatrist when I wanted to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Staff here believe that I can grow, change and recover.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I felt comfortable asking questions about my treatment and medication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I felt free to complain.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I was given information about my rights.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Staff encouraged me to take responsibility for how I live my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Staff told me what side effects to watch out for.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Staff respected my wishes about who is, and who is not to be given information about my treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I, not staff, decided my treatment goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Staff were sensitive to my cultural background (race, religion, language, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

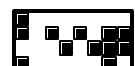
*The MHSIP Consumer Survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.

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CSI County Client Number
Must be entered on EVERY page

A	-	E	N
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As a direct result of the services I received:

Strongly Agree Agree I am Neutral Disagree Strongly Disagree Not Applicable

21. I deal more effectively with daily problems.
22. I am better able to control my life.
23. I am better able to deal with crisis.
24. I am getting along better with my family.
25. I do better in social situations.
26. I do better in school and /or work.
27. My housing situation has improved.
28. My symptoms are not bothering me as much.

29. Please provide comments here and /or on the back of this form, if needed.
We are interested in both positive and negative feedback.

Quality of Life Questions:

Please answer each of the following questions by filling in the circle that best describes your experience or how you feel. Please fill in only one circle for each question. For some questions, you may choose **Not Applicable** if the question does not apply to you.

General Life Satisfaction

Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted

1. How do you feel about your life in general?

Living Situation

2. Think about your current living situation.

How do you feel about:

Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted

- A. The living arrangements where you live?
- B. The privacy you have there?
- C. The prospect of staying on where you currently live for a long period of time?

Daily Activities & Functioning

3. Think about how you spend your spare time.

How do you feel about:

Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted

- A. The way you spend your spare time?
- B. The chance you have to enjoy pleasant or beautiful things?
- C. The amount of fun you have?
- D. The amount of relaxation in your life?

Family

4. In general, how often do you get together with a member of your family?

- at least once a day ○ at least once a month ○ not at all
○ at least once a week ○ less than once a month ○ no family / not applicable

5. How do you feel about:

Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted Not Applicable

- A. The way you and your family act toward each other?
- B. The way things are in general between you and your family?

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Social Relations

6. About how often do you do the following?

- A. Visit with someone who does not live with you?
☐ at least once a day ☐ at least once a month ☐ not at all
☐ at least once a week ☐ less than once a month ☐ not applicable
- B. Spend time with someone you consider more than a friend, like a spouse, a boyfriend or a girlfriend?
☐ at least once a day ☐ at least once a month ☐ not at all
☐ at least once a week ☐ less than once a month ☐ not applicable

7. How do you feel about:

- | | Terrible | Unhappy | Mostly Dissatisfied | Mixed | Mostly Satisfied | Pleased | Delighted | Not Applicable |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| A. The things you do with other people? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. The amount of time you spend with other people? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. The people you see socially? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| D. The amount of friendship in your life? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Finances

8. During the past month, did you generally have enough money to cover the following items?

No Yes

- | | No | Yes |
|--|-----------------------|-----------------------|
| A. Food? | <input type="radio"/> | <input type="radio"/> |
| B. Clothing? | <input type="radio"/> | <input type="radio"/> |
| C. Housing? | <input type="radio"/> | <input type="radio"/> |
| D. Traveling around for things like shopping, medical appointments, or visiting friends and relatives? | <input type="radio"/> | <input type="radio"/> |
| E. Social activities like movies or eating in restaurants? | <input type="radio"/> | <input type="radio"/> |

Legal & Safety

9. In the past MONTH, were you a victim of:

No Yes

- | | No | Yes |
|---|-----------------------|-----------------------|
| A. Any violent crimes such as assault, rape, mugging or robbery? | <input type="radio"/> | <input type="radio"/> |
| B. Any nonviolent crimes such as burglary, theft of your property or money, or being cheated? | <input type="radio"/> | <input type="radio"/> |

10. In the past MONTH, how many times have you been arrested for any crimes?

- ☐ No arrests ☐ 1 arrest ☐ 2 arrests ☐ 3 arrests ☐ 4 or more arrests

11. How do you feel about:

Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted

- | | Terrible | Unhappy | Mostly Dissatisfied | Mixed | Mostly Satisfied | Pleased | Delighted |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| A. How safe you are on the streets in your neighborhood? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. How safe you are where you live? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. The protection you have against being robbed or attacked? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Health

12. How do you feel about:

Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased Delighted

- | | Terrible | Unhappy | Mostly Dissatisfied | Mixed | Mostly Satisfied | Pleased | Delighted |
|-------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| A. Your health in general? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| B. Your physical condition? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| C. Your emotional well-being? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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Please answer the following questions to let us know a little about you.

**ENGLISH
Adult Survey**

1. What is your gender? ☐ Female ☐ Male ☐ Other
2. Are you of Mexican / Hispanic / Latino origin? ☐ Yes ☐ No ☐ Unknown
3. What is your race? **(Please check all that apply.)**

☐ White / Caucasian
☐ Black / African American
☐ Asian

☐ American Indian / Alaskan Native
☐ Native Hawaiian / Other Pacific Islander
☐ Other

☐ Unknown
4. What is your date of birth? **(Write it in the boxes AND fill in the circles that correspond. See Example.)**
 Date of Birth (mm-dd-yyyy)

-

-

0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EXAMPLE: Date of birth on April 30, 1967:

1. Write in your date of birth → 04 - 30 - 1967

2. Fill in the corresponding circles

0	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Were the services you received provided in the language you prefer? ☐ Yes ☐ No
6. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? ☐ Yes ☐ No
7. What was the primary reason you became involved with this program? **(Choose one):**

☐ I decided to come in on my own.
 ☐ Someone else recommended that I come in.
 ☐ I came in against my will.
8. Please identify who helped you complete any part of this survey **(Choose all that apply):**

☐ I did not need any help.
 ☐ A mental health advocate / volunteer helped me.
 ☐ Another mental health consumer helped me.
 ☐ A member of my family helped me.
 ☐ A professional interviewer helped me.
 ☐ My clinician / case manager helped me.
 ☐ A staff member other than my clinician or case manager helped me.
 ☐ Someone else helped me. Who?: _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

REQUIRED Information:

County Code:

Date of Survey Administration:

11 - - 2004

Reason (if applicable):

Ref ☐ Imp ☐ Lan ☐ Oth ☐

Make sure the same CSI County Client Number is written on all four pages of this survey.

CSI County Client Number
Must be entered on EVERY page

Optional County Questions:

County Question #1 (mark only ONE bubble):

☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10
☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20

County Question #2 (mark only ONE bubble):

☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10
☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20

County Question #3 (mark only ONE bubble):

☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10
☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20

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